

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 6168)

Waterman

File No. 26883

Registered No. 7115

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. 5

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Stock & Bond

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

FATHER

13. NAME

John Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Agnes Browne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

G. J. Butler 6168 Waterman A

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harpersfield Iowa DATE July 25 1934

19. UNDERTAKER (ADDRESS)

Arthur J. Connolly 410 3040 Grandell Bldg

20. FILED

L 14 1934

Jas. J. Bredesch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 18th 193422. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1934, to July 18th 1934I last saw him alive on July 18th 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

95B

1076 97 Broncho-Pneumonia

95B 2

Other contributory causes of importance:

General debility, Hypertension, Heart Disease

Name of operation

Date of

What test confirmed diagnosis? History Was there an autopsy? 6

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. J. McManis, M. D.

(Address) 1806 Missouri Bldg.

Alphonse M. Vlahos

Mr. Theodor Bely

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